



Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 28 2011

Secretary of State
Capitol Building

Name of Candidate Committee to Elect Becky Currie

Address 407 Oliver DR Brookhaven, MS 39601

Telephone 601-833-5953 Fax 601-833-5953

Contact Name Becky Currie Email bcurrie@house.ms.gov

Office Sought House of Representatives Political Party Republican
District 92

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$355.00+\$	\$	\$355.00
Total amount of disbursements	\$930.00+\$	\$	\$930.00
Total amount of cash on hand		\$ 6052.40	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Becky Currie
Signature of Candidate

1-28-11
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1498 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Becky Currie
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>7/25/10</u>	\$ <u>1205.⁰⁰</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1205.⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1 1</u>	\$ <u>300.⁰⁰</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1 1</u>	\$ <u>1000.⁰⁰</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>8/30/10</u>	\$ <u>250.⁰⁰</u>
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code		<u>1 1</u>	\$
Name of Employer (Required)		<u>1 1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Becky Currie

Reporting period

1-1-10

through

12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AHT</u>		<u>8/16/10</u>	\$ <u>250⁰⁰</u>
Mailing Address <u>175 East Capitol St</u>		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Frederick, MD 39201</u>		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/17/10</u>	\$ <u>250⁰⁰</u>
Mailing Address _____		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code _____		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert D. P. P. P.</u>		<u>8/16/10</u>	\$ <u>250⁰⁰</u>
Mailing Address _____		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code _____		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bayer</u>		<u> </u> <u> </u> <u> </u>	\$ <u>300⁰⁰</u>
Mailing Address _____		<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code _____		<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____		<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300⁰⁰</u>

Name of Candidate or Committee Becky Currie
 Reporting period 1-1-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name <u>TRUSTMARK</u>	Date (Mo., Day, Year) <u>12/31/10</u>	Amount of each disbursement this period \$ <u>108.00</u>
Mailing Address		
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>MAINTENANCE BANK FEES X 12 MONTHS</u>	Aggregate Year-to-date	\$ <u>108.00</u>
B. Full name <u>US POSTAL SERVICE</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1 1</u>	\$ <u>382.00</u>
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>POSTAGE</u>	Aggregate Year-to-date	\$ <u>382.00</u>
C. Full name <u>DALLAS C. PAXSON</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1 1</u>	\$
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>087.00</u>
D. Full name <u>CONSERVATIVE COALITION</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1 1</u>	\$ <u>50.00</u>
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>DUES</u>	Aggregate Year-to-date	\$ <u>50.00</u>
E. Full name <u>MS REPUBLIC ELECTED OFFICIALS ASSOCIATION</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>5/1/10</u>	\$ <u>25.00</u>
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>DUES</u>	Aggregate Year-to-date	\$ <u>25.00</u>
F. Full name <u>Williams Photography</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>1/25/10</u>	\$ <u>100.00</u>
City, State, Zip Code	<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>PHOTOS</u>	Aggregate Year-to-date	\$ <u>100.00</u>

Name of Candidate or Committee Committee to elect Becky Currie
 Reporting period _____ through _____

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ITEMIZED DISBURSEMENTS

A. Full name <u>ALEC</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>2/10/10</u>	\$ <u>200.00</u>
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>Dues</u>		Aggregate Year-to-date	\$ <u>200.00</u>
B. Full name <u>Republican Women</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>5/18/10</u>	\$ <u>25.00</u>
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>Dues</u>		Aggregate Year-to-date	\$ <u>25.00</u>
C. Full name <u>Brookhaven Chamber of Commerce</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>6/1/10</u>	\$ <u>40.00</u>
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional) <u>for Republican booth at Brookhaven Festival</u>		Aggregate Year-to-date	\$ <u>40.00</u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1 1</u>	\$
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$